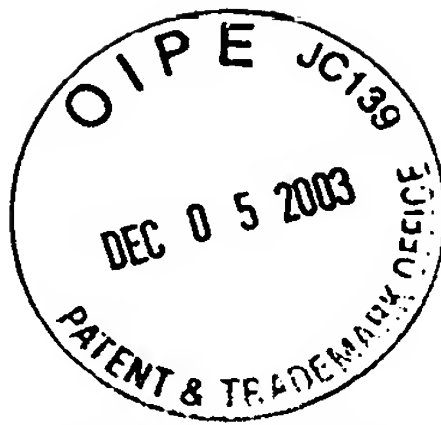


Docket No: 240993US25



IN THE UNITED STATES PATENT & TRADEMARK OFFICE

IN RE APPLICATION OF :

Brian P. WATSCHKE, et al. :

EXAMINER:

SERIAL NO: 10/645,588 :

FILED: August 22, 2003 :

GROUP ART UNIT:

FOR: SURGICAL ARTICLE AND... :

FILING OF SUPPLEMENTAL APPLICATION DATA SHEET

COMMISSIONER FOR PATENTS
ALEXANDRIA, VIRGINIA 22313

SIR:

Applicant(s) submit herewith a Supplemental Application Data Sheet for the purpose of correcting the title.

Respectfully submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.

W. Todd Baker

Attorney of Record

Registration No. 45,265

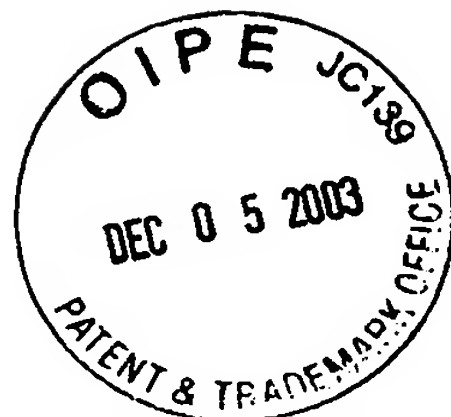
Joseph A. Scafetta, Jr.

Registration No. 26,803

(703) 413-3000

Fax No.: (703) 413-2220

WTB:ca



APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Number:: 10/645,588
Application Date:: 08/22/03
Application Type:: REGULAR
Subject Matter:: UTILITY
CD-ROM or CD-R?: NONE
Title:: SURGICAL ARTICLE AND METHODS
FOR TREATING FEMALE URINARY
INCONTINENCE
Attorney Docket Number:: 240993US25
Total Drawing Sheets:: 13

INVENTOR INFORMATION

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: USA
Status:: FULL CAPACITY
Given Name:: Brian
Middle Name:: P.
Family Name:: Watschke
City of Residence:: Eden Prairie
State or Province of Residence:: MN
Country of Residence:: USA
Street of Mailing Address:: c/o American Medical Systems
10700 Bren West Road
City of Mailing Address:: Minnetonka
State or Province of Mailing Address:: MN
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 55343

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: USA
Status:: FULL CAPACITY
Given Name:: Robert
Middle Name:: E.
Family Name:: Lund
City of Residence:: St. Michael
State or Province of Residence:: MN
Country of Residence:: USA
Street of Mailing Address:: c/o American Medical Systems
10700 Bren West Road
City of Mailing Address:: Minnetonka
State or Province of Mailing Address:: MN
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 55343

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: USA
Status:: FULL CAPACITY
Given Name:: Kimberly
Middle Name:: A.
Family Name:: Anderson
City of Residence:: Eagan
State or Province of Residence:: MN
Country of Residence:: USA
Street of Mailing Address:: c/o American Medical Systems
10700 Bren West Road
City of Mailing Address:: Minnetonka
State or Province of Mailing Address:: MN
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 55343

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

ASSIGNMENT INFORMATION

Assignee Name:: American Medical Systems

Street of Mailing Address::	Office of Intellectual Property Counsel 10700 Bren Road West
City of Mailing Address::	Minnetonka
State or Province of Mailing Address::	Minnesota
Country of Mailing Address::	USA
Postal or Zip Code of Mailing Address::	55343